

# Application for Replacement Award

This form is to be completed by the student, witnessed and signed by a Justice of the Peace, Minister of Religion or Solicitor. A fee of \$25.00 per certified document will be charged and must be paid prior to the issue of the replacement award.

**Payments can be made directly to the following account:  
01-0745-0039831-02 Account Name: Replacment Award  
(Please ensure you use your name and/or Student ID as the reference.)**

**FORM TO BE COMPLETED IN BLOCK LETTERS.**

## SECTION A student details

<b>Surname/Family Name:</b>	<input type="text"/>		
<b>First Name(s):</b>	<input type="text"/>		
<b>Previous Name(s):</b>	<input type="text"/>		
<b>Postal Address:</b>	<input type="text"/>		
<b>Name to be printed on award:</b>	<input type="text"/>		
<b>Phone:</b>	( ) <input type="text"/>	<b>Date of Birth:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>OFFICE USE ONLY</b>	<b>STUDENT ID NUMBER:</b>	<input type="text"/>	
<b>DATE REC:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>REC BY:</b>	<input type="text"/>

## SECTION B replacement details

<b>Programme/Course Name:</b>	<input type="text"/>
<b>Year Completed:</b>	<input type="text"/>
<b>Replacement Academic Record Required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for replacement of award:</b>	<input type="text"/>
	<input type="text"/>

## SECTION C declaration

### STUDENT

No. of documents to replace:	<input style="width: 90%;" type="text"/>	<i>x (\$25.00 per replacement document) =</i>	<b>\$</b> <input style="width: 80%;" type="text" value=".00"/>
I have attached the payment of	<b>\$</b> <input style="width: 80%;" type="text" value=".00"/>	for my replacement award/record. Cheques can be made payable to UCOL.	
<b>Payments can be made directly to the following account:</b>			
<b>01-0745-0039831-02 Account Name: Replacment Award</b>			
(Please ensure you use your name and/or Student ID as the reference.)			
I confirm that I no longer have my original award. I declare that the information provided by me on the form is true and correct.			
<b>STUDENT SIGNATURE:</b>	<input style="width: 90%;" type="text"/>		<b>DATE:</b> <input style="width: 40%;" type="text" value="/ /"/>

### WITNESS

I have witnessed the above declaration and confirm the information on this form is true and correct.			
<b>WITNESS SIGNATURE:</b> (Justice of the Peace, Minister of Religion, or Solicitor)	<input style="width: 90%;" type="text"/>	<b>DATE:</b>	<input style="width: 80%;" type="text" value="/ /"/>
<b>NAME:</b>	<input style="width: 90%;" type="text"/>	<b>STAMP:</b>	<input style="width: 90%; height: 50px;" type="text"/>
<b>AUTHORITY</b> (JP/Minister/Solicitor):	<input style="width: 90%;" type="text"/>		

## SECTION D STAFF USE ONLY

ORIGINAL AWARD ID:	<input style="width: 90%;" type="text"/>	DATE ISSUED:	<input style="width: 80%;" type="text" value="/ /"/>
REPLACEMENT AWARD ID:	<input style="width: 90%;" type="text"/>	DATE ISSUED:	<input style="width: 80%;" type="text" value="/ /"/>
PAYMENT OF	<b>\$</b> <input style="width: 80%;" type="text" value=".00"/>	RECEIVED	<input style="width: 80%;" type="text"/>
		LEDGER CODE:	<input style="width: 80%;" type="text"/>
SIGNATURE:	<input style="width: 90%;" type="text"/>		ACCOUNT CODE: <input style="width: 80%;" type="text"/>
		DATE:	<input style="width: 80%;" type="text" value="/ /"/>
<input style="width: 90%; height: 50px;" type="text"/>			

**Please return the completed form to Academic Services, UCOL,  
Private Bag 11022, Palmerston North 4442**